

**2012 LEHI AQUATIC CENTER JUNIOR LIFEGUARD PROGRAM
WAIVER AND RELEASE OF LIABILITY**

I/we hereby waive, release, and/forever discharge any and all rights, claims and causes of action for damages that may be suffered by my participation in this activity or event.

I recognize and voluntarily accept all risks associated with my participation in the event. I realize that my activity or injuries may well include serious bodily injury.

I take full responsibility for my participation in this event and for the level at which I choose to participate. I have the requisite degree of skill or ability to participate in this event at the level I choose.

I do not hold the Salt River Pima-Maricopa Indian Community or the Recreation Department liable for any injury that may happen against me during this event.

The Undersigned has carefully read and voluntarily signs this Waiver and Release and fully understands its contents and meaning as a full waiver and release of all claims, liability and indemnity for the Salt River Pima-Maricopa Indian Community and the Salt River Recreation Department and its employees.

Student's Name

Student's Date of Birth

Parent and/or Legal Guardian

Date

**2012 LEHI AQUATIC CENTER JUNIOR LIFEGUARD PROGRAM
CONSENT FORM**

I, _____ give permission for _____ to participate in the 2012 Lehi Aquatic Center Junior Lifeguard Program and for the S.R.P.-M.I.C. Recreation Staff to arrange for emergency medical care in case of accident or illness. This consent form does not authorize any surgical or related procedure capable of being deferred. In such cases, the specific authorization for surgery must come from the parent or legal guardian.

I recognize that there may be risks and or dangers associated with certain types of recreational activities that may result in injury or harm. I understand that by signing this form, I release the S.R.P.-M.I.C. Recreation Staff from any responsibility for any accident that may occur during this program. Although I understand that recreation leaders/ instructors supervise all activities/ programs, I assume full responsibility for my child/ ward for this program and give my full consent.

Parent and/or Legal Guardian

Date

EMERGENCIES: If any child appears to be ill or verbally expresses so, the staff will immediately sit the child out of any activity. If the condition worsens, a phone call will be made to the parent of legal guardian. It will be our option to send the child home, but if illness appears to be serious, we will transport the child to the closest medical facility.

Parent and/or Legal Guardian

Date